BENEFIT SUMMARY

Aetna Off/On Job Accident Plan

Inova
802329

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you receive covered treatment for a covered accident. Unless otherwise indicated, all benefits and limitations are per covered person. The accident must occur while the coverage is in force.

Note: Certain benefits are payable once per covered accident; while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the certificate for more details.

Initial care

Covered benefit	Basic	Enhanced
Ground ambulance Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within **24 hours** after an accidental injury. *Maximum **1 transport** per Accident*	$300	$300
Air ambulance Pays a benefit for when you are transported by a licensed professional ambulance company an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within **48 hours** after an accidental injury. *Maximum **1 transport** per Accident*	$1,500	$1,500

Covered benefit	Basic	Enhanced
Initial treatment – emergency room Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within **72 hours** after the accidental injury. *Maximum **3 visits** per plan year*	$100	$150
Initial treatment – physician's office or urgent care Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within **72 hours** after the accidental injury. *Maximum **3 visits** per plan year*	$100	$150
X-Ray Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within **30 days** after the accidental injury.	$75	$150
Medical imaging Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following: 1. Positron Emission Tomography (PET) 2. Computed Tomography Scan (CT) 3. Computed Axial Tomography (CAT) 4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI) 5. Electroencephalogram (EEG) The test must be ordered by a physician and performed in a medical facility on an outpatient basis within **180 days** after the accidental injury**.**	$150	$250

Follow-up care

Covered benefit	Basic	Enhanced
Accident follow-up (per Accident/ Per plan year) Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury **within one year of the accident**.	$50 (3 visits per Accident / 9 visits per plan)	$100 (3 visits per Accident / 9 visits per plan)
Appliances Pays if a physician prescribes the use of an appliance as an aid in personal locomotion or mobility as a result of an accidental injury. The use of an appliance must begin within **90 days** after the accidental injury.	$100	$150
Prosthetic device/artificial limb - One Pays a benefit if an insured person receives **one** prosthetic device/artificial limb when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic device(s)/artificial limb(s) must be received within **one year** of the accidental injury.	$750	$1,500
Prosthetic device/artificial limb - Multiple Pays a benefit if an insured person receives **multiple** prosthetic devices/artificial limbs when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic devices/artificial limbs must be received within **one year** of the accidental injury.	$1,500	$3,000
Pain management (epidural anesthesia) Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within **60 days** after the accidental injury.	$100	$150
Therapy services Pays a benefit if an insured person receives physical therapy as the result of an accidental injury. The therapy must begin within **90 days** after the accidental injury and must be completed within **one year** after the accidental injury. *Maximum of **10 visits** per accident*	$25	$35
Chiropractic treatment Pays a benefit if an insured person suffers a structural imbalance due to an accidental injury and receives chiropractic care services by a chiropractor in a chiropractor's office. Treatment must begin within **90 days** after the accidental injury and must be completed within **one year** after the accidental injury. *Maximum of **10 visits** per accident, Maximum of **30 Chiropractic visits** per plan year*	$25	$35

Hospital care

Covered benefit	Basic	Enhanced
Inpatient hospital admission - initial day Pays a benefit if an insured person is admitted into a hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or if you've had outpatient surgery. The stay must begin within **180 days** after an accidental injury. *Maximum **1 Admission**, per Accident*	$500	$1,000
Inpatient ICU admission - initial day Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within **30 days** after an accidental injury. *Maximum **1 Admission**, per Accident*	$1,000	$2,000
Inpatient hospital daily Pays a benefit if an insured person has a stay in a hospital due to accidental injury. The stay must begin within **180 day**s after an accidental injury. *Maximum **365 days** per stay, Maximum **1 stay** per accident*	$175	$350
Inpatient ICU Daily Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within **30 days** after an accidental injury. *Maximum **365 days** per stay, Maximum **1 stay** per accident*	$350	$700
Inpatient rehabilitation unit daily maximum Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury. ***Maximum 1** stay per accident, Maximum **30 days***	$75	$150
Observation unit Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within **72 hours** after the accidental injury.	$100	$100

Surgical care

Covered Benefit	Basic	Enhanced
Blood/plasma/platelets Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within **90 days** after the accidental injury	$400	$500
Eye injury Pays a benefit if an insured person sustains an accidental injury to the eye. The eye injury must require surgery or the removal of a foreign object by a physician within **90 days** after the accidental injury. An examination with anesthesia will not be considered surgery.	$300	$400
Ruptured disc Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within **60 days** after the accidental injury; and repair it through surgery within one year after the accidental injury.	$750	$1,000
Tendon/ligament/rotator cuff - Single Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the surgery for Single Repair Benefit if a physician treats the tear, rupture or sever within **60 days** after the accidental injury; and repairs it through surgery within **180 days** after the accidental injury.	$750	$1,000
Tendon/ligament/rotator cuff - Multiple Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the surgery for Multiple Repairs Benefit if a physician treats the tear, rupture or sever within **60 days** after the accidental injury; and repairs it through surgery within **180 days** after the accidental injury.	$1,500	$2,000
Torn Knee Cartilage Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within **60 days** after the accidental injury; and repair it through surgery within **180 days** after the accidental injury.	$750	$1,000
Surgery (with repair) - Cranial, open abdominal & thoracic Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within **72 hours** of the accidental injury.	$1,000	$1,500

Covered Benefit	Basic	Enhanced
Surgery (with repair) - Hernia Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within **30 days** after the accidental injury; and Perform surgery within **60 days** after the accidental injury.	$150	$200
Surgery (with no repair) – exploratory or arthroscopic Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within **60 days** of the accidental injury.	$150	$200

Transportation/lodging assistance

Covered Benefit	Basic	Enhanced
Lodging Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than **50 miles** from your home. *Maximum **30 Days** per Plan Year*	$100	$100
Transportation We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than **50 miles** one way on physician's advice for treatment of a payable **Accidental injury.** *Maximum **1 Round** Trip per Plan Year*	$250	$300

Dislocations and fractures

Closed reduction

Pays a benefit if an insured person sustains a dislocation or fracture as the result of an accidental injury. A physician must diagnose the dislocation or fracture within ***90 days*** *after the accidental injury and correct it by* ***closed reduction (non-surgical repair).***

Open reduction

Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury. A physician must diagnose the dislocation or fracture within ***90 days*** *after the accidental injury and correct it by* ***open reduction (surgical repair).***

Covered Dislocation	Basic Closed reductions*	Enhanced Closed reductions*
Hip	$2,000	$4,000
Knee (except patella)	$1,000	$2,000
Ankle - bone or bones of the foot (other than toes)	$500	$1,000
Collarbone (sternoclavicular)	$400	$800
Lower jaw	$400	$800
Shoulder (glenohumeral)	$400	$800
Elbow	$400	$800
Wrist	$400	$800
Bone or bones of the hand (other than fingers)	$400	$800
Collarbone (acromioclavicular and separation)	$100	$200
One toe or one finger	$100	$200

**Open reduction pays 2 times the closed reduction benefit value*

Covered Fracture	Basic Closed reductions*	Enhanced Closed reductions*
Skull (except bones of the face or nose), depressed	$2,750	$5,500
Skull (except bones of the face or nose), non-depressed	$2,750	$5,500
Hip, Thigh (femur)	$1,150	$2,300
Vertebrae, body of (excluding vertebral processes)	$750	$1,500
Pelvis (inc. Ilium, ischium, pubis, acetabulum except coccyx)	$750	$1,500
Leg (tibia and/or fibia malleolus)	$750	$1,500
Bones of the face or nose (except mandible or maxilla)	$400	$800
Upper jaw, maxilla (except alveolar process)	$400	$800
Upper arm between elbow and shoulder (humerus)	$400	$800
Lower jaw, mandible (except alveolar process)	$400	$800
Collarbone (clavicle, sternum)	$400	$800
Shoulder blade (scapula)	$400	$800
Vertebral process	$400	$800
Forearm (radius and/or ulna)	$300	$600
Kneecap (patella)	$300	$600
Hand / foot (except fingers, toes)	$300	$600
Ankle	$300	$600
Wrist	$300	$600
Rib	$150	$300
Coccyx	$150	$300
Finger, toe	$150	$300

**Open reduction pays 2 times the closed reduction benefit value*

Accidental death & dismemberment and paralysis benefits

Accidental death

Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within **90 days** after an accident.

Covered benefit	Basic	Enhanced
Employee	$40,000	$75,000
Insured Spouse	$20,000	$37,500
Insured Children	$20,000	$37,500

Accidental death common carrier

Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within **90 days** after an accident.

Covered benefit	Basic	Enhanced
Employee	$80,000	$150,000
Insured spouse	$40,000	$75,000
Insured children	$40,000	$75,000

Accidental dismemberment

Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within **90 days** after an accidental injury.

Covered benefit	Basic	Enhanced
One hand, foot or eye	$4,000	$7,500
One hand and one foot, one hand and eye, One foot and eye	$8,000	$15,000
Both hands, both feet or both eyes	$8,000	$15,000

Paralysis - (complete, total and permanent loss)

Pays a benefit if an insured person sustains paralysis as a result of an accidental injury.
A physician must diagnose paralysis within **60 days** after the accidental injury; and confirm the paralysis continued for a period of **90 consecutive days.**

Covered benefit	Basic	Enhanced
Paraplegia	$4,000	$7,500
Quadriplegia	$8,000	$15,000

Other accidental injuries

Burn

Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within **72 hours** after the accidental injury.

Covered benefit	Basic	Enhanced
2rd Degree (greater than 5% of total body surface)	$1,000	$1,500
3rd Degree (less than 5% of total body surface)	$1,500	$2,250
3rd Degree (between 5% and 10% of total body surface)	$6,000	$9,000
3rd Degree (greater than 10% of total body surface)	$18,000	$27,000
Burn skin graft Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within **72 hours** after the accidental injury.	50% of Burn Benefit	50% of Burn Benefit

Covered benefit	Basic	Enhanced
Coma Pays a benefit if an insured person is in a coma as a result of an accidental injury. Benefits will not be paid for a medically induced coma. A physician must diagnose the **Coma** within **72 hours** after the accidental injury.	$10,000	$20,000
Concussion Pays a benefit if an insured person sustains a concussion as the result of an accidental injury. A physician must diagnose the concussion within **72 hours** after the accidental injury.	$150	$200

Dental treatment

Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within **60 days** after the accidental injury. Maximum **1** per accident

Covered benefit	Basic	Enhanced
Extractions	$75	$100
Crown	$225	$300

Laceration
Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within **72 hours** after the accidental injury

Covered benefit	Basic	Enhanced
Without stitches	$25	$25
With stitches (less than 7.5cm)	$75	$75
With stitches (between 7.6cm and 20cm)	$300	$300
With stitches (greater than 20cm)	$600	$600

Additional accident benefits

Health screening benefit

Pays a lump sum benefit if an insured person receives any of the approved health screening tests. A charge must be incurred for the care of an insured person due to the health screening; and the service must not be rendered or received to diagnose or treat a suspected or identified sickness.
Maximum **1** health screening, per plan year

Employee / Spouse / Child(ren) **$50**

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid doppler ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest X-Ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult and child immunizations
- HPV vaccine (human papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Prostate specific antigen (PSA) test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic antigen (CEA)
- Cancer antigen (CA) test 15-3 (breast cancer)
- Mammography
- Breast ultrasound
- Cancer antigen (CA) test 125 (ovarian cancer)
- Pap smears
- Cytologic screening
- ThinPrep pap test
- Serum protein electrophoresis (blood test for myeloma)

Note: COVID-19 testing is covered as an eligible health screening benefit.

Accident Plans: Exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the Policy will not be payable for any loss or accidental injury caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM)
2. Being under the influence of a stimulant, depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the insured person, except when resulting from a diagnosed disorder in the most current version of the DSM
3. Engaging in an assault, felony, illegal occupation or other criminal act
4. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection
5. Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not
6. Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing
7. Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration
8. Services ordered or performed by a physician, or supplies purchased from a provider, who is an insured person, the insured person's immediate family member, or someone who resides with or is employed by or who employs an insured person
9. Any form of intentional asphyxiation
10. Elective or cosmetic surgery

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

No benefit is paid for or in connection with the following stays or visits or services:

• Those received outside the United States; and its territories

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option, if your employment ceases for any reason. Refer to your certificate for additional portability provisions.

Frequently asked questions (FAQs) about the Accident plans

Do I have to answer any questions about my health to enroll?

No, you do not have to answer any questions about your health to enroll.

Do I have to be Actively at Work to enroll in coverage?

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

Can I have more than one Accident Plan?

No, you are not allowed to have more than one Aetna Accident Plan.

Who receives the benefit?

You (the member) receives the benefits.

How does the Therapy Services benefit work if I receive multiple therapies in one day?

Only one Therapy Services benefit will be paid per day, no matter how many different therapy services you receive.

Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?

Yes, Aetna Accident policies are compatible with Health Savings Accounts.

How do I submit a claim?

Go to **myaetnasupplemental.com** and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What if I don't understand something I've read here, or have more questions?

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at **1-800-607-3366**, Monday through Friday, 8 a.m. to 6 p.m. We're here to answer questions before and after you enroll.

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What happens if I lose my employment? Can I take the Accident Plan with me?

Yes, you are able to continue coverage under the portability provision; however, you will need to pay premiums directly to Aetna.

Important information about your benefits

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department. If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information. We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal. If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **www.aetna.com.**

If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, llame a Servicios al Miembro al 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marque 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website **(www.mahealthconnector.org)**. THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **www.mass.gov/doi.**

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit **http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx.**

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Policies may not be available in all states, and rates and benefits may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Policy forms issued in Idaho include: GR-96841, GR-96842.
Policy forms issued in Missouri include: GR-96842 01; GR-96841 01.
Policy forms issued in Oklahoma include: GR-96841, GR-96842.